

FEDERAL ID#:	
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CITY OF LEITCHFIELD, KENTUCKY P.O. BOX 398, LEITCHFIELD, KY 42754

RECONCILIATION OF LICENSE FEE WITHHELD

During year	r end	
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Employer's Name & Address:

HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDINGS

Under TOTAL PAYROLL list the quarterly totals of all compensation paid to all employees. Deduct any payments for services performed outside of the city limits of Leitchfield and enter balances in SUBJECT PAYROLL column. SUBJECT PAYROLL includes all compensation, i.e. vacation and holiday pay, tips and gratuities.

Enter on reverse side for each subject employee the SSN, name, address and zip code, total compensation paid, and amount of Leitchfield Occupational Fee withheld. Attach additional sheets of this size if space available is inadequate. Employers desiring to submit copies of W2 forms or other type listings which provide the required information may do so in lieu of the listing form below. When submitting W2 Forms, complete this reconciliation and attach it to the top of the stack.

	TOTAL PAYROLL	SUBJECT PAYROLL	LICENSE FEE DUE
1. 1 ST Quarter	1	1	X 1.2% = 1
2. 2 nd Quarter	2	2	X 1.2% = 2
3. 3 rd Quarter	3	3	X 1.2% = 3
4. 4 th Quarter	4	4	X 1.2% = 4
5. Total year	5	5	X 1.2% = 5
6. Actual License I	Fee Withheld per W-2s		6
7. Enter the Large	r of line 5 or line 6		7
8. Actual License (ee remitted for the Year or	n Quarterly Returns	8
Minor differe Difference inc	veen line 7 and 8 (if any, che nce attributable to fractional variation dicates insufficient total remittance f dicates overpayment not attributable refund attached.	eck applicable below) ons only (no adjustment due) or year. Check in payment attached. e to fractional variations. Full explanati	9on
Number of emplo	yees:		
	Signature	Title	Date

Social Security No. Employee Name	Total Gross Wages Paid	Taxable Gross Wages Paid	Leitchfield License Tax Withheld